



STATE OF IDAHO APPLICATION FOR EMPLOYMENT

Brandon D Woolf
IDAHO STATE CONTROLLER
700 WEST STATE STREET
P.O. BOX 83720-0011
Boise, Idaho 83720-0011

This Application may be used for ONE POSITION ONLY. If you wish to apply for more than one position with the State Controller, please submit a separate application for EACH position. If you believe that you meet the minimum qualification for this position, complete this application and any other necessary forms.

All hiring is done without regard to race, color, religion, national origin, sex, age or disability. In addition, preference may be given to veterans who qualify under state and federal laws and regulations. If you need special accommodations to satisfy any application or testing requirements, please contact the SCO Front Office Manager at 334-3100.

Notice: Upon submission of this application to the State Controller's Office, it becomes the property of the office and subject to all proprietary rights and restrictions regarding State property and documents. If you wish to retain a copy of the application, you should retain a duplicate before submission. The State Controller's Office will not return it or reproduce a copy for you.

Position Applied For		Date			
Last Name		First Name		Middle Initial	
Mailing Street Address					
City		State		Zip	
Other names, if used on other State of Idaho applications					
Home Phone		Message or Work Phone		Social Security Number	
Are you currently employed by the State of Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, What Department or Agency <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Date Available to Begin work	Will You Accept Part-Time Shift Work Temporary Employment Night Work Full-time Employment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a veteran, please request and complete a Veterans Preference Form.				
EDUCATION					
Name of Institution	Location City, State	From Mo / Yr	To Mo / Yr	Graduate	Type of Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Qualifications, Skills, Languages	Kind of License/ Certificate: First year of License/Certificate:		State/ Licensing Authority: Year Current License/Certificate:		

EXPERIENCE

Employment History:

List below your work history beginning with your present or most recent job.

Employer's Name and Address (Firm, Organization, etc.)	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exact Title of Position	From	To
			Month/Year	Month/Year
	Salary / Wage Per Year	Phone Number	Total Time	Hours Per Week
		()	Years / Months	
Supervisor's Name				
Reason for Leaving				

Employer's Name and Address (Firm, Organization, etc.)	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exact Title of Position	From	To
			Month/Year	Month/Year
	Salary / Wage Per Year	Phone Number	Total Time	Hours Per Week
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	Salary / Wage Per Year	Phone Number	Total Time	Hours Per Week
		()	Years / Months	
Supervisor's Name				
Reason for Leaving				

Under the laws of perjury I declare that all of the information given on this application is true and correct. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the Idaho State Controller's Office terminated.

The Idaho State Controller's Office (SCO) is a **DRUG FREE WORKPLACE**. It is a condition of employment with the SCO that employees comply with this policy. Employment with the SCO is at-will and all staff serve at the pleasure of the Idaho State Controller. Employment can be terminated at any time with or without cause and with or without notice.

OVERTIME NOTICE: At the discretion of the appointing authority, compensatory time off is provided in lieu of overtime cash compensation.

Signature: _____ Date: _____

Please send your letter of interest, resume, completed application and any letters of reference or the names and contact information of your professional references to:

Mail: Idaho State Controller's Office **OR** **Fax:** 208-334-2671
ATTN: SCO Front Office Manager
700 West State Street
PO Box 83720-0011
Boise, Idaho 83720-0011